Fill in this information to identify your case:							
Debtor 1	Richard S McKenna, Jr.						
Debtor 2 (Spouse, if filing)							
United States B	Sankruptcy Court for the: District of Maryland						
Case number (if known)	16-20602						

Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).							
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).							
	3. The commitment period is 3 years.							
	4. The commitment period is 5 years.							

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 7,994.00 1,256.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 0.00 Copy here -> \$ 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (*if known*) **16-20602**

				Column Debtor 1		Column E Debtor 2 non-filing	or	
7.	Inter	est, dividends, and royalties		\$	0.00	\$	0.00	
8.	Uner	nployment compensation		\$	0.00	\$	0.00	
	Do not the S	ot enter the amount if you contend that the amount received was a social Security Act. Instead, list it here:	a benefit unde	r				
		r you\$	0.00					
		r your spouse\$	0.00					
9.		sion or retirement income. Do not include any amount received t fit under the Social Security Act.	hat was a	\$	0.00	\$	0.00	
10	Do no recei dome	me from all other sources not listed above. Specify the source of include any benefits received under the Social Security Act or pived as a victim of a war crime, a crime against humanity, or internestic terrorism. If necessary, list other sources on a separate page below.	ayments ational or					
		PT Employment		\$	743.00	\$	0.00	
				\$	0.00	\$	0.00	
		Total amounts from separate pages, if any.	+	\$	0.00	\$	0.00	
11.		ulate your total average monthly income. Add lines 2 through 1 column. Then add the total for Column A to the total for Column E		8,737.00	+ \$ _	1,256.00	= \$	9,993.00
Part	t 2:	Determine How to Measure Your Deductions from Income						tal average onthly income
12. 13.	. Copy	y your total average monthly income from line 11ullete the marital adjustment. Check one:					\$	9,993.00
		You are not married. Fill in 0 below.						
		You are married and your spouse is filing with you. Fill in 0 below.						
		You are married and your spouse is not filing with you.						
		Fill in the amount of the income listed in line 11, Column B, that w dependents, such as payment of the spouse's tax liability or the s						
		Below, specify the basis for excluding this income and the amoun	t of income de	evoted to ea	ach purpose	e. If necessar	y, list addi	tional
		adjustments on a separate page. If this adjustment does not apply, enter 0 below.						
			\$					
			\$					
			+\$					
		Total	\$	0	.00 C	opy here=>		0.00
14	. Υοι	ur current monthly income. Subtract line 13 from line 12.					\$	9,993.00
15	. Cal	culate your current monthly income for the year. Follow these	steps:					
	15a	. Copy line 14 here=>					\$	9,993.00
		Multiply line 15a by 12 (the number of months in a year).					X	12
	15b	. The result is your current monthly income for the year for this p	art of the form	l			\$ <u> </u>	19,916.00

Richard S McKenna, Jr.

Debtor 1

Case 16-20602 Doc 16 Filed 09/12/16 Page 3 of 11

Case number (*if known*) **16-20602**

16	. Calc	ulate t	the median family income that applies to	you. Follow these steps:		
	16a.	Fill in	the state in which you live.	MD		
	16b.	Fill in	the number of people in your household.	5		
		To fine	the median family income for your state and d a list of applicable median income amount ctions for this form. This list may also be ava	s, go online using the link specified in the separ	rate	\$115,608.00_
17.	. How	do th	e lines compare?			
	17a.			On the top of page 1 of this form, check box 1, I NOT fill out <i>Calculation of Your Disposable Inc</i> o		
	17b.			of page 1 of this form, check box 2, <i>Disposable</i> ulation of Your Disposable Income (Official above.		
Part	t 3:	Cald	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Copy	y your	total average monthly income from line	11 .	\$	9,993.00
19.	conte	end tha		e married, your spouse is not filing with you, and 11 U.S.C. § 1325(b)(4) allows you to deduct par		
	•		marital adjustment does not apply, fill in 0 or	ı line 19a.	-\$	0.00
	19b.	Subtr	act line 19a from line 18.			\$9,993.00
20.	Calc	ulate	your current monthly income for the year	. Follow these steps:		
	20a.	Сору	line 19b			\$9,993.00
		Multip	ly by 12 (the number of months in a year).			x 12
	20b.	The re	esult is your current monthly income for the y	rear for this part of the form		\$119,916.00
	20c.	Сору	the median family income for your state and	size of household from line 16c		\$ <u>115,608.00</u>
	21.	How	do the lines compare?			
			ine 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court, on the top of page 1 o	of this form, check bo	x 3, The commitment
			Line 20b is more than or equal to line 20c. U commitment period is 5 years. Go to Part 4.	nless otherwise ordered by the court, on the top	o of page 1 of this fo	rm, check box 4, The
Part	t 4:	Sigr	n Below			
	By si	gning	here, under penalty of perjury I declare that	the information on this statement and in any att	tachments is true an	d correct.
Х	(/s/	Richa	ard S McKenna, Jr.			
			S McKenna, Jr. of Debtor 1			
	Date		tember 12, 2016 / DD / YYYY			
	If you	u chec	ked 17a, do NOT fill out or file Form 122C-2			
	If you	ı chec	ked 17b, fill out Form 122C-2 and file it with	this form. On line 39 of that form, copy your cur	rrent monthly income	e from line 14 above.

Richard S McKenna, Jr.

Debtor 1

Fill in	this information to	identify your case:	
Debto	Richard	S McKenna, Jr.	
Debto	r 2		
(Spous	se, if filing)		
United	States Bankruptcy C	Court for the:District of Maryland	
	number <u>16-20602</u>		sis is an amanded filing
(if kno	wn)	Li Check II tr	nis is an amended filing
Officia	l Form 122C-2		
Cha	pter 13 Cal	culation of Your Disposable Income	04/10
	out this form, you w itment Period (Offic	ill need your completed copy of <i>Chapter 13 Statement of Your Current Monthly Inco</i> ial Form 122C-1).	ome and Calculation of
space	is needed, attach a	ate as possible. If two married people are filing together, both are equally responsik separate sheet to this form, Include the line number to which additional information ur name and case number (if known).	
Part 1	: Calculate You	r Deductions from Your Income	
the	questions in lines 6	ervice (IRS) issues National and Local Standards for certain expense amounts. Use i-15. To find the IRS standards, go online using the link specified in the separate ins e available at the bankruptcy clerk's office.	
exp	enses if they are high	ounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you ler than the standards. Do not include any operating expenses that you subtracted from in luct any amounts that you subtracted from your spouse's income in line 13 of Form 122C—	ncome in lines 5 and 6 of Form
lf yc	our expenses differ fro	om month to month, enter the average expense.	
Note	e: Line numbers 1-4	are not used in this form. These numbers apply to information required by a similar form u	sed in chapter 7 cases.
5.	The number of peo	ople used in determining your deductions from income	
	plus the number of	people who could be claimed as exemptions on your federal income tax return, any additional dependents whom you support. This number may be different from le in your household.	5
Nat	ional Standards	You must use the IRS National Standards to answer the questions in lines 6-7.	
6.		d other items: Using the number of people you entered in line 5 and the IRS National dollar amount for food, clothing, and other items.	\$1,850.00
7.	the dollar amount for people who are 65	Ith care allowance: Using the number of people you entered in line 5 and the IRS Nation or out-of-pocket health care. The number of people is split into two categoriespeople who or olderbecause older people have a higher IRS allowance for health car costs. If your arrange to you may deduct the additional amount on line 22.	are under 65 and

Official Form 22C-2

Debtor 1	Richard S McKenna, Jr.		Case number (if kno	own) 16-20602	
Peop	ole who are under 65 years of age				_
	7a. Out-of-pocket health care allowance per person	\$ 54			
	7b. Number of people who are under 65	X 5			
	7c. Subtotal. Multiply line 7a by line 7b.	\$ 270.00	Copy here=>	\$270.00	
Peop	ole who are 65 years of age or older				
	7d. Out-of-pocket health care allowance per person	\$ 130			
	7e. Number of people who are 65 or older	x 0			
,	7f. Subtotal. Multiply line 7d by line 7e.	\$ 0.00	Copy here=>	\$	
	7g. Total. Add line 7c and line 7f	\$_	270.00	Copy total here=>	\$
Loca	Il Standards You must use the IRS Local Standards	to answer the questions i	in lines 8-15.		
Base	ed on information from the IRS, the U.S. Trustee Procruptcy purposes into two parts:	•		or housing for	
_	ousing and utilities - Insurance and operating expe	nses			
_	ousing and utilities - Mortgage or rent expenses				
sepa 8.	nswer the questions in lines 8-9, use the U.S. Trustorate instructions for this form. This chart may also Housing and utilities - Insurance and operating expin the dollar amount listed for your county for insurance.	be available at the bank benses: Using the numbe	cruptcy clerk's office er of people you enter	э.	pecified in the
9.	Housing and utilities - Mortgage or rent expenses:				
,	 Using the number of people you entered in line 5, listed for your county for mortgage or rent expens 			\$1,694.00	
	9b. Total average monthly payment for all mortgages	and other debts secured	by your home.		
	To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60.				
	Name of the creditor	Average monthly payment	у		
	Ditech Financial LIc	\$ 2,679.	00		
	9b. Total average monthly payme	\$ 2,679 .	OO Copy here=> -\$	2,679.00	Repeat this amount on line 33a.
	9c. Net mortgage or rent expense.				
	Subtract line 9b (total average monthly payment) or rent expense). If this number is less than \$0, en		\$	0.00 Copy here=>	\$0.00
	If you claim that the U.S. Trustee Program's divisio affects the calculation of your monthly expenses, f			incorrect and	\$
	Explain why:				

Case number (if known) 16-20602

11.	Local transportation expenses: Check the number of vehi	cles for which yo	ou claim a	n ownersh	p or operating	g expense.	
	☐ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standard operating expenses, fill in the <i>Operating Costs</i> that apply for						450.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Ve	hicle 1 Describe Vehicle 1: 2011 Mitsubishi Lance	r 75000 miles	Edmun	ds value			
13a	Ownership or leasing costs using IRS Local Standard			\$	471.00		
13b.	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.			İ			
	Name of each creditor for Vehicle 1	Average mor payment	nthly				
	Suntrust Bank	\$	9.17				
	Total Average Monthly Payment	\$	9.17	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	0, enter \$0		\$	461.83	Copy net Vehicle 1 expense here => \$	461.83
Ve	hicle 2 Describe Vehicle 2: 2010 Chrysler Town &	Country 6500	00 miles	Edmund	s value		
13d	Ownership or leasing costs using IRS Local Standard			\$	471.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	2. Do not include	costs for				
	Name of each creditor for Vehicle 2	Average mor payment	nthly				
	Wfds/wds	_ \$3	66.00				
	Total average monthly payment	\$3	66.00	Copy here => -\$ _	366.0	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0	O, enter \$0		\$	105.00	Copy net Vehicle 2 expense here => \$	105.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of					n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in vot claim more than the IRS Local Standard for <i>Public Trans</i>	what you believe					0.00

Richard S McKenna, Jr.

Debtor 1

Debtor 1 Richard S McKenna, Jr. Case number (if known) 16-20602

	ses In addition to the exp the following IRS cat		d above, you are allowed your monthly expense	s for			
self-employment tax your pay for these to and subtract that nu	5. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						
	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement						
contributions, union	contributions, union dues, and uniform costs.						
	' '	•	untary 401(k) contributions or payroll savings.	\$	0.00		
filing together, inclu Do not include prem	b. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.						
administrative agen	y, such as spousal or child s	support payments.	required by the order of a court or	\$	0.00		
			support. You will list these obligations in line 35.	Ψ			
as a condition fo	I monthly amount that you p	ay for education that i	s eitner requirea:				
_	•	pendent child if no pub	olic education is available for similar services.	\$	0.00		
		•	as babysitting, daycare, nursery, and preschool.				
	ents for any elementary or s	•	,	\$	0.00		
that is required for t by a health savings	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						
•	insurance or health savings		•	\$	0.00		
for you and your de phone service, to th income, if it is not re Do not include payr	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						
24. Add all of the expe	\$	5,088.83					
Add lines 6 through	23.			•			
Add lines 6 through Additional Expense De	uctions These are addit		wed by the Means Test. owances listed in lines 6-24.		,		
Additional Expense De 25. Health insurance,	uctions These are addit Note: Do not in its isability insurance, and he	clude any expense alle			,		
Additional Expense De 25. Health insurance, insurance, disability	uctions These are addit Note: Do not in its isability insurance, and he	clude any expense alleath savings accourges accounts that are re	owances listed in lines 6-24. nt expenses. The monthly expenses for health		,		
Additional Expense De 25. Health insurance, insurance, disability your dependents.	uctions These are addit Note: Do not in its isability insurance, and he	clude any expense alleath savings accourge accounts that are referenced by the same accounts the	owances listed in lines 6-24. Interpretation of the expenses for health easonably necessary for yourself, your spouse, or the expenses for health easonably necessary for yourself, your spouse, or the expenses for health expenses.		,		
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance	uctions These are addit Note: Do not included in Notes and he nsurance, and health saving	clude any expense alleath savings accourges accounts that are response to the same second sec	owances listed in lines 6-24. Int expenses. The monthly expenses for health easonably necessary for yourself, your spouse, and a second secon		,		
25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance	uctions These are addit Note: Do not included in Notes and he nsurance, and health saving	clude any expense allesealth savings accounts that are researched in the same saccounts that are researched in the saccounts are saccounts to the saccounts are saccounts to the saccounts are saccounts are saccounts and saccounts are saccounts are saccounts and saccounts are	owances listed in lines 6-24. Int expenses. The monthly expenses for health easonably necessary for yourself, your spouse, we will be a solution of the second of the sec	or	608.00		
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance Health savings according to the savings according	uctions These are addit Note: Do not included in Notes and he nsurance, and health saving	clude any expense allesealth savings accounts that are researched in the same saccounts that are researched in the saccounts are saccounts to the saccounts are saccounts to the saccounts are saccounts are saccounts and saccounts are saccounts are saccounts and saccounts are	nt expenses. The monthly expenses for health easonably necessary for yourself, your spouse, some of the second of	or			
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance Health savings according to the savings according	uctions These are addit Note: Do not income isability insurance, and he nsurance, and health saving unt	clude any expense allesealth savings accounts that are researched in the same of the same	nt expenses. The monthly expenses for health easonably necessary for yourself, your spouse, some of the second of	or			
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance Health savings according to the savings according	uctions These are addit Note: Do not into Note:	clude any expense allesealth savings accounts that are researched in the same saccounts that are researched in the saccounts are saccounts to the saccounts are saccounts to the saccounts are saccounts are saccounts and saccounts are saccounts are saccounts and saccounts are	nt expenses. The monthly expenses for health easonably necessary for yourself, your spouse, some of the second of	or			
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance Health savings according to your actually spe No. How muses Yes 26. Continued contribution continue to pay for a your household or not actually speed to your household or not your household or not your household or not actually speed to your household or not you have household	These are addit Note: Do not included this total amount? It do you actually spend? It ions to the care of house the reasonable and necessar.	clude any expense allesealth savings accours gs accounts that are researched. \$ 600	nt expenses. The monthly expenses for health easonably necessary for yourself, your spouse, and a specific state of the spouse o	or \$\$			
Additional Expense De 25. Health insurance, insurance, disability your dependents. Health insurance Disability insurance Health savings according Total Do you actually spe No. How must yes 26. Continued contribution your household or minclude contribution 27. Protection against	These are addit Note: Do not incomplete the neutral ne	sealth savings accourtings accounts that are referenced by account and accounts that are referenced by account and accounts account and accounts account accou	nt expenses. The monthly expenses for health easonably necessary for yourself, your spouse, and a specific state of the spouse o	or \$\$	608.00		

20	Richard S McKenna, Jr.		Case number (if kno	wn) <u>16</u>	-20602		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insura	ance and operati	ng exper	ises on		
	If you believe that you have home energy of 8, then fill in the excess amount of home en		costs included ir	n expense	es on line)	
	You must give your case trustee document amount claimed is reasonable and necessary		ust show that the	addition	al	\$	0.00
	Education expenses for dependent chile \$160.42* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The mon pendent children who are younger than 1	thly expenses (r 8 years old to at	ot more t tend a pri	han vate or		
	You must give your case trustee document claimed is reasonable and necessary and to	ation of your actual expenses, and you munot already accounted for in lines 6-23.	ıst explain why t	he amou	nt		
	* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.						
	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.						
	To find a chart showing the maximum addinstructions for this form. This chart may al			eparate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable organization		te in the form of	cash or fi	nancial		
	Do not include any amount more than 15%	of your gross monthly income.				\$	50.00
	32. Add all of the additional expense deductions. Add lines 25 through 31.						
Ded	uctions for Debt Payment						
	For debts that are secured by an interest oans, and other secured debt, fill in lines		ne mortgages,	vehicle			
	To calculate the total average monthly paym creditor in the 60 months after you file for ba		due to each se	cured			
	Mortgages on your home						
	Mortgages on your home	nkruptcy. Then divide by 60.					age monthly
33a.	Canadian Ob have				=>	Aver payn	nent
33a.	Copy line 9b here	nkruptcy. Then divide by 60.			=>		
33a. 33b.	Copy line 9b here Loans on your first two vehicles						2,679.00
33b.	Copy line 9b here Loans on your first two vehicles Copy line 13b here				=>		2,679.00 9.17
33b. 33c.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here						2,679.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here				=> /ment		2,679.00 9.17
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Does pay include ta or insural	=> /ment		2,679.00 9.17
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does pay include ta or insurar	=> /ment	\$\$ \$\$	9.17 366.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:			Does payinclude teor insurar ■ No □ Yes	=> /ment		2,679.00 9.17
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does pay include ta or insurar ■ No □ Yes	=> rment axes nce?	\$\$ \$\$	9.17 366.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does payinclude teor insurar ■ No □ Yes	=> rment axes nce?	\$\$ \$\$	9.17 366.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does pay include ta or insurar ■ No □ Yes	=> rment axes nce?	\$\$ \$\$	9.17 366.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does pay include ta or insural ■ No □ Yes □ No	=> //ment taxes //nce?	\$\$ \$\$	9.17 366.00
33b. 33c. 33d.	Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: e of each creditor for other secured debt			Does pay include to or insural No Yes No Yes	=> //ment taxes //nce?	\$\$ \$	9.17 366.00

ebtor 1 Ric	chard S McKenna, Jr.			Case r	umber (if known)	16-20602		
	y debts that you listed in li er property necessary for y							
□ No.	. Go to line 35.							
■ Yes		ou must pay to a creditor, in a cossession of your property lin the information below.						
Name of th	he creditor	Identify property that sec	ures the debt	T	otal cure amoun		Monthly amount	cure
Ditech F	Financial Llc	11004 Brewers Driv 21128 Baltimore Co SDAT value	ounty	\$	8,000.0	00 ÷ 60 = \$		133.33
		2010 Chrysler Town	n & Country	65000				
Wfds/wd	ds	miles Edmunds value		\$	800.0	00 ÷ 60 = \$		13.33
				\$		÷ 60 = +5	;	
				Total \$	146.	.66 Copy	Φ.	146.6
	u owe any priority claims - st due as of the filing date				i			
	_	or your bankruptcy case:	11 0.3.0. 9 3	107.				
	Go to line 36.Fill in the total amount of	all of those priority claims. [Oo not include	current or				
— 168		uch as those you listed in lir		Current of				
	Total amount of all past	-due priority claims		\$	4,493	. 23 ÷ 60	\$_	74.8
36. Projec t	ted monthly Chapter 13 pla	an payment		\$				
Office of the Exe	t multiplier for your district as of the United States Courts (ecutive Office for United Stat a list of district multipliers that inc e instructions for this form. This l	for districts in Alabama and es Trustees (for all other dis cludes your district, go online us	North Carolinatricts). In the link specified in the link specifie	a) or by X cified in the		Copy to	• 01	
Averag	e monthly administrative exp	pense			\$	here=>		
	all of the deductions for de nes 33e through 36.	bt payment.					\$	3,810.72
Total Dedu	uctions from Income							
38. Add al l	I of the allowed deductions	S.						
	line 24, All of the expenses as allowances	allowed under IRS	\$	5,088.83				
Сору	line 32, All of the additional	expense deductions	\$	978.00				
Сору	line 37, All of the deductions	s for debt payment	+\$	3,810.72	7			
Total	deductions		 	9,877.55	Copy total he	re=>	\$	9,877.5

Debtor '	1 -	Richa	ard S McK	enna, Jr.			Ca	ase num	ber (if known) 1	6-206	02	
Part 2	2:	Dete	ermine Your	r Disposable Income Ur	nder 11 U.S.C. § 132	25(b)(2))					
39.				ent monthly income fro current Monthly Income				l		\$_		9,993.00
	40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.					\$		0.00				
	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					d \$		0.00				
42.	Tot	al of a	II deduction	ns allowed under 11 U.S	S.C. § 707(b)(2)(A).	Copy lir	ne 38 here=	=> \$	9,87	7.55		
	exp thei	enses ir expe	and you hav	al circumstances. If spewer no reasonable alternations give your case trusted cumentation for the expe	tive, describe the sp ee a detailed explana	eciál cir	cumstances a	nd				
Des	scril	be the	special circ	cumstances		Α	mount of exp	ense				
	_					\$			-			
						\$			_			
						\$						
					Total	\$	0.00	Co	py re=> \$		0.00	
										7		
44.	Tot	al adju	ustments. A	dd lines 40 through 43.			=>	\$	9,877.55	here	y => - \$	9,877.55
15	Cal	ouloto	vour month	hly dianacahla inaama	under \$ 1225/b\/2\	Cubtro	at line 44 from	lina 2	0			115.45
45.	Cai	culate	your mont	hly disposable income	under § 1325(b)(2).	. Subira	ct line 44 from	line 3	9.		\$ 	113.43
Part 3	3:	Cha	nge in Inco	me or Expenses								
	hav time you	re chan e your filed y	nged or are vacase will be our petition,	r expenses. If the incom- virtually certain to change open, fill in the information check 122C-1 in the firs in when the increase occu	e after the date you f on below. For examp t column, enter line 2	iled you ble, if the 2 in the	ir bankruptcy p e wages report second columi	etition ted inc n, exp	and during the creased after			
For	m		Line	Reason for change			Date of chang	е	Increase or decrease?	Am	ount of change	1
	122C 122C 122C	C-2 C-1				_			☐ Increase ☐ Decrease ☐ Increase ☐ Decrease	\$		_
	122C	- C-1							☐ Increase	Ψ		
	122C 122C	_							☐ Decrease ☐ Increase	\$		
	122C								Decrease	\$		

Case 16-20602 Doc 16 Filed 09/12/16 Page 11 of 11

Debtor 1	Richard S McKenna, Jr.	Case number (if known)	16-20602
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the information	ation on this statement and in any att	achments is true and correct.
X	/s/ Richard S McKenna, Jr.		
	Richard S McKenna, Jr.		
	Signature of Debtor 1		
Date	September 12, 2016		
	MM / DD / YYYY		
	, 25 ,		
1			